

**ENVIRONMENTAL SERVICES  
DEPARTMENT**

John Power PE, MPH, Interim Director  
1001 N. Central Avenue, Suite 595  
Phoenix, AZ 85004 - 1937



**ENVIRONMENTAL HEALTH SERVICES  
DIVISION**

David F. Ludwig, Manager  
Telephone (602) 506-6971  
Fax (602) 506-6862 Teletype (602) 506-6704  
(For hearing/speech impaired)

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## VARIANCE APPLICATION PACKET

- A. All applications **MUST** contain the following information:
1. **POOL NAME:** Name of establishment and street address must read the same as was submitted for construction review / or as permit reads.
  2. **APPLICANT NAME:** Print name of owner/ or authorized agent (letter of authorization must be submitted if signed by agent).
- B. Additionally, the Variance Request must be specific as to what is being requested. Submit all explanatory paragraphs, pertinent material, exhibits, plans, and any material necessary to inform one as to the reason for your request. **(A complete variance submittal consists of twelve variance forms completely filled out and all supporting material attached to each form and a check for \$200.00. All material must be collated.)**
1. The Swimming Pool Variance hearings are scheduled to be heard every second Thursday of the month. All hearings shall be open and public. (See attached scheduled hearing dates).
  2. The Manager of the Environmental Health Division shall serve as the Director's representative at all meetings and furnish secretarial services for this Committee.
  3. The Health Officer shall render a final decision within 10 days of receiving the Committee recommendations.
  4. The applicant may waive a hearing by the Committee and appeal directly to the Director. In such cases, the Director will render a decision within ten (10) days of the date that the appeal is filed.
  5. If the applicant/petitioner for the variance request is dissatisfied with the decision of the Director, the applicant/petitioner may appeal to the Board of Health. Such appeals shall be presented to the Secretary of the Board of Health in writing, within thirty (30) days after the filing of the decision of the Director.

**NOTICE:** A fee of \$200 must accompany this request. (per variance request) made payable to M.C.E.S.D.

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**ENVIRONMENTAL SERVICES DEPARTMENT**

January 1, 2005

**SWIMMING POOL ADVISORY HEARINGS**

**AGENDA SCHEDULING DATES OF VARIANCE REQUEST APPLICATIONS**

**January 1, 2005 – December 31, 2005**

**SUBMITTAL DEADLINE**

**- GUARANTEED -  
PRIOR TO HEARING  
DUE BY 3:00 PM**

**Dec. 02, 2004**

Jan. 06, 2005

Feb. 03, 2005

Mar. 03, 2005

Apr. 07, 2005

May 05, 2005

June 02, 2005

July 07, 2005

Aug. 04, 2005

Sep. 01, 2005

Oct. 06, 2005

Nov. 03, 2005

Dec. 01, 2005

**SWIMMING POOL**

**ADVISORY COMMITTEE  
HEARING DATE**

Jan. 13, 2005

Feb. 10, 2005

Mar. 10, 2005

Apr. 14, 2005

May 12, 2005

June 09, 2005

July 14, 2005

Aug. 11, 2005

Sep. 08, 2005

Oct. 13, 2005

Nov. 10, 2005

Dec. 08, 2005

Jan. 12, 2006

Application must be complete & include all required copies, plans, specs & fees to be accepted for scheduling to hearing date in the next month following submission. Petitioners will be notified of hearing date & location after application is processed for response from Maricopa County.

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**REQUEST FOR VARIANCE FOR CONSTRUCTION OF A PUBLIC OR SEMI-PUBLIC SWIMMING POOL OR SPA**

Has the applicant submitted plans and a request for approval to construct a swimming pool to the Maricopa County Environmental Services Department for review? ☐ Yes ☐ No

This Pool/Spa is: ☐ New ☐ Existing

The undersigned requests a variance from the requirements of the Maricopa County Environmental Health Code Chapter VI applicable to the design, construction or operation of bathing places – public and semipublic swimming pools. It is understood that a variance can be granted only when Chapter VI of the Maricopa County Environmental Health Code is more restrictive than Administrative Rules and Regulations of the State of Arizona 9-8.

Pool Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

Specify request and justification (attached additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TRUE OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OR PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

- An attached letter of authorization to sign is required for any person signing this instrument other than the legal owner of the property.
- **Submit 12 sets including in each completed copies of the application, plans and any related material.** Attach plan of proposed facility clearly delineating area where variance is requested.